

IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION INSTRUCTIONS FOR PROVISIONAL PERMIT

The following application consists of this instruction page and three pages which require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. The Board will consider only properly completed applications.

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial permit fee must be provided. Failure to provide a complete application will result in its return to you.

APPLICATION FEE	\$30.00
AND	
PROVISIONAL PERMIT FEE	\$100.00

The Board may issue a provisional permit to allow a person to engage in the practice of audiology or speech-language pathology while completing either the required postgraduate experience or a comparable experience as part of a doctoral program in audiology. The Board may issue a provisional permit to allow a person to engage in fitting and dealing hearing aids pursuant to rules adopted by the Board. The holder of a provisional permit may practice only while under the supervision of a person fully licensed in the discipline being pursued.

Supervisor

The supervisor and provisional permit holder must make contact in person each work day, and no less than once each week throughout the entire period of the permit, to review any assignments, client contacts, diagnoses, therapies, and hearing aid fittings. A minimum of sixty (60) contacts that must be completed within the first six (6) months of such supervision.

In the event a permit holder fails the licensing examination two (2) consecutive times, and is eligible to maintain a permit, the supervisor and permit holder must continue the required contact

All client and supervisor contacts shall be recorded in the permit holder's quarterly report.

The supervisor shall be familiar with Section 54-2907, Idaho Code and the Board Rules.

The supervisor shall be responsible for all practice and the ethical conduct of each permit holder under supervision.

A supervisor may not supervise more than one (1) permit holder at a time.

The supervisor and the permit holder shall be required to work within the same facility.

The supervisor shall provide the permit holder with adequate training and client contact necessary to prepare for the required examination.

The supervisor shall record with the Board a plan of training that encompasses all ten sections covered in the license examination. The plan must be accepted and approved by the Board or its agent prior to issuance of the permit. The supervisor shall document, by the quarterly report, the permit holder's progress.

A supervisor may terminate his supervision of a permit holder by a written notice to the Bureau and the permit holder by certified mail at least ten (10) calendar days prior to the termination.

Continued

APPLICATION FOR PROVISIONAL PERMIT
(continued)

Application - Quarterly Reports

Application for permit shall include completed application, application fee, permit fee, supervisor statement and plan of training and supervision.

A permit shall not be valid unless an unrevoked statement accepting supervisory responsibility by a qualified licensee is on file with the Bureau. Upon termination of supervision, a new permit may be applied for in accordance with these rules, provided that the expiration date of the new permit is adjusted to not exceed the date of the third licensure examination following the original application.

Eighteen (18) months is the maximum time allowed for any combination of new or renewed permits.

Every permit holder must submit a quarterly report of his activities together with supplemental attachments as may be necessary, attested to and signed by the permit holder and the supervisor of record. All services, sales and fittings provided by the permit holder will be indicated on the quarterly report forms. Supplemental attachments to be submitted with this form include:

Log of client and supervisor contacts.

Supervisor's statement of completion of training assignments by permit holder.

Copies of test results for all persons tested by the permit holder whether or not sales or other services occurred.

Copies of hearing aid orders for all fittings including specifications of instruments ordered.

Quarterly reports are due on or before April 10th, July 10th, October 10th and January 10th for the three (3) months preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, the permit will be revoked.

Exemptions

A permit holder who possesses the Certificate of Clinical Competence in Audiology from American Speech-Language-Hearing Association (ASHA) or who is board Certified by National Board for Certification in Hearing Instrument Sciences (NBC-HIS) shall be exempt from the daily contact requirement, and from the requirement to work in the same facility as the supervisor, and from the plan and progress report requirement from the date of issuance of the permit until the date of the next offered licensing examination. Failure of the licensing examination or failure to take the next offered licensing examination rescinds this exemption.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

E-mail - shs@ibol.state.id.us

Web site – www.ibol.idaho.gov/shs.htm

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APPLICATION FOR PROVISIONAL PERMIT

Please include a \$30.00 application fee and a \$100.00 permit fee with this application. Applications will not be reviewed by the Board until they are complete.

I hereby submit my qualifications and application for a provisional permit to practice as a (please check one)

☐ **Speech-Language Pathologist** ☐ **Audiologist** ☐ **Hearing Aid Dealer & Fitter**

in the State of Idaho under the provisions of Title 54, Chapter 29, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Mailing address** _____
Street/PO Box City State Zip

3. **Business address** _____
Street/PO Box City State Zip

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy

(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. **Daytime phone** _(____)_____ **Fax** _(____)_____ **E-mail** _____

6. **Have you ever been licensed or certified to practice in any other state, country, or territory?** ☐ **Yes** ☐ **No**
(If Yes, certified documentation must be received by the Board directly from each issuing authority. If currently licensed in Idaho with the SHS Board, please enter license number(s) here _____.)

7. **Have you ever had any professional license or registration revoked, suspended or otherwise sanctioned?** ☐ **Yes** ☐ **No**
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)

8. **Have you ever been convicted, found guilty, received a withheld judgment or suspended sentence for any State or Federal felony or other crime involving moral turpitude?** ☐ **Yes** ☐ **No**
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

9. **The entire APPLICATION ADDENDUM must be completed and attached.**

AFFIDAVIT

I hereby attest under penalty of perjury that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further attest that I have reviewed and will comply with the Idaho Speech and Hearing Services Licensure Board's Laws and Rules and the ethical standards adopted by the Board.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 ____.

(seal)

Notary Public official signature
my commission expires _____

**APPLICATION FOR PROVISIONAL PERMIT
ADDENDUM**

PLAN FOR SUPERVISION

My plan for supervising the named permit holder includes the following:

1. Daily contact schedule for supervisory sessions _____
2. Weekly contact schedule for supervisory sessions _____
3. My plan for client chart/record review, including frequency & nature of review, is as follows:

4. During the performance of the permit holder's duties I will be regularly present on site for a minimum of _____ hours.
5. My written record of all supervisory sessions, including the amount of time I was available on site while the permit holder was performing duties and how I determined that time, will be maintained as follows: _____

10. I have attached additional information which may assist the Board in evaluating this application. [] Yes [] No
(Please list additional documentation below)

SUPERVISOR AFFIDAVIT

I hereby certify that the responses provided on the preceeding addendums are true and accurate to the best of my knowledge and belief. I further certify that I have will comply with the Idaho Speech and Hearing Services Licensure Board's Laws and Rules and those ethical standards adopted by the Board. I further certify that I will supervise the work of the applicant named until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I further certify that I will be responsible for all practice and the ethical conduct of the named applicant while under my supervision, and that I may not supervise more than one (1) permit holder at a time. I understand that my failure to comply with the rules governing the supervision of a permittee may result in disciplinary action against my license.

Print Applicant Name

Print Supervisor Name & License #

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 19 _____.

(seal)

Notary Public official signature
my commission expires _____

**IDAHO SPEECH AND HEARING SERVICES LICENSURE BOARD
APPLICATION FOR PROVISIONAL PERMIT**

Assigned Duties & Preparatory Training Addendum

ASSIGNED DUTIES

Clearly identify each duty to be assigned to the applicant. Include information on the types of therapeutic services provided and the populations served.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

TRAINING OR PREPARATION

Clearly identify the training or preparation the applicant will or has received in order to perform each of the duties listed.

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

